School learning difficulties: A follow-up study.

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http://hdl.handle.net/2144/8963

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School Learning Difficulties:
A Follow-Up Study

A thesis

Submitted by
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In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
1956
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CHAPTER I

Introduction

The purpose of this study is twofold. One is to examine some of the causes of school failure among children who have an average or above average intellectual capacity. Another purpose is to evaluate the effectiveness of treatment. In this study it is done by ascertaining whether success continues after leaving the treatment situation and by evaluating some of the factors influencing the present adjustment of the child.

The writer has long been interested in the problem of children who do not fulfill their potential intellectual ability. This type of problem is quite prevalent in our school system. The teacher often realizes that a particular child is capable of doing better work and yet seems unable to produce and fulfill the requirements.

Child guidance clinics are also concerned about these children. There have been studies made and thought given to this subject. As yet not enough is known about the problem, and there is a need for more research in this area.

This study is justified not only because it concerns clinicians, parents, and teachers, but also society as a whole. If they are not helped these children will grow up without fulfilling their potential ability, and whatever they would have contributed to society will have been lost.

Those involved in child guidance work have been interested in follow-up evaluations of clients in order to determine the success or failure of treatment and to evaluate the extent that treatment has
influenced this adjustment. This study, therefore, also represents an attempt to determine the results of treatment and how it is affecting the child's present adjustment.

In chapter two the writer discusses the importance of parental relationships in the development of the child, and how parents' attitudes can in turn affect the child's attitude toward the learning process causing him success or difficulties in school. Thus in analyzing the case material the writer is interested in the following questions:

1. What are the maternal attitudes towards these children?
2. What are the paternal relationships with these children?

This study also deals with an analysis of the child at the present time. The writer is interested in the following questions:

1. What is the present adjustment of the child?
2. What are some of the factors responsible for this adjustment?

Method and Scope.-- The cases were selected on the basis of having learning difficulties and closed as "successful" between the five year period of 1950 to 1955. The writer excluded those cases where "slight improvement," or "improvement" were shown and accepted only those marked "much improvement" or "successful." The clients had to be seen for at least six months in order for treatment to be on a more intensive level. The writer also excluded those children with a physical handicap in order to eliminate this added disability to the cause of school failure. For the same reason those children who did not have a father and mother figure to identify with were excluded. All of the children had to fit into the criterion of an average or above average intelligence quotient. Fourteen cases were found to fit the criteria. Five of the clients, however,
could not be located in the 'phone book or city directory. The agency recommended that the writer not contact one client, the reason for which was not in respect to the success or failure of the case. After the above eliminations eight cases - seven boys and one girl fitted the criteria.

The writer read the case material and analyzed it according to the schedule found in the appendix. Whenever the worker was still at the agency he or she was interviewed for added material. The writer then 'phoned each client. An unstructured interview was held with the mother and the follow-up schedule, found in the appendix, kept in mind. The writer carried a letter from the director of the agency for identification.

Limitations.-- Because this study is limited to eight cases it is valid only for these cases and few generalizations can be made. However, the writer feels that implications can be noted for further study and investigation.

The content and length of the records varied from worker to worker and some were found to be less complete than others. Also there is an element of subjectivity to be found in as much as the material is based upon what the mother has related to the worker. The fathers were not seen in treatment. One father, who was having a detrimental affect upon his son was seen once and refused treatment.

Since only two of the eight children were given psychological tests this factor must also be listed as a limitation. However, it was felt by the therapists working with the children that they had average or above
average intellectual capacity.

The writer was also forced to make many subjective decisions during the follow-up interview. In order to limit this as far as possible, criteria for judgement were set up as will be shown in Chapter Four.

The influence of growth and constitutional differences have affected and are limitations in the analysis of the follow-up visit.

The Setting.-- The Worcester Youth Guidance Center is the only child guidance clinic of its kind in the community. It functions both as a diagnostic and treatment agency. The center serves the community of Worcester and also some of the surrounding areas, operating on a non-sectarian basis. Support of the agency is derived from both public and state funds. A small amount is received by fees charged to the clients on a sliding scale, which takes into account the income and size of family.

By 1947 the evolution of treating mothers in relation to themselves and their own problems rather than only in regard to their children, had started. The writer took this into account in the selection of cases and allowed three years for this to become really effective in the treatment process.

The team relationship of psychiatry, psychology, and social work is in operation. The child, in most instances, is seen by the psychiatrist, or psychologist, and the parent by the social worker. During the years 1950-1952 there was a mother's group therapy course which met weekly. A few of the mothers of this study participated in the group.

This clinic is accepted and recognized by the community. An example of this was noted by the writer while making her follow-up visits. Not only did all the people speak highly of the agency, but not one of them
asked for verification of the writer's identity even though she kept a letter of introduction. Since the writer had told them that she was from the clinic they accepted this and did not need added proof.

**Plan of Thesis.**-- The following chapter is a theoretical discussion of the importance of the parental relationship and how it influences school learning difficulties. With this background in mind the writer in the next chapter deals with the eight cases at the time of treatment. The cases are analyzed in terms of maternal attitude, paternal relationship, type of treatment used, length of treatment and other pertinent information in regard to the cases. The fourth chapter deals with the present adjustment of the children, as seen in the follow-up study made by the writer. In this chapter an analysis of the child's adjustment in school, social life, and emancipation process is presented, along with other factors that influence the child's present adjustment. In the last chapter the writer discusses the findings of the study.
CHAPTER II

Recent Trends in Relation to School Learning Problems

More stress and more demands are put upon education in our society than ever before. It has become a prestige value to have a degree. Many businesses will not hire a young person without a college education.

However, all of us have known children, either while we were attending grammar school, or while working in the field, who do not seem to achieve success in the learning process. They appear to us as if they do not care about school and books, or they give us the impression that they are stupid, when in reality they have a normal intellectual capacity.

What will happen to these children when they leave school? What chance of success do they have in our highly competitive society? Why are these children unable to do well in school? What are the causes of learning difficulties?

No child should be allowed to fail continuously either at school or at home — It is like saying that no child should be allowed to continue with an insidious form of tuberculosis or blood poisoning. In the case of the physical illness we recognize our responsibility and spare neither time nor expense to effect a cure, but we are only just beginning to recognize that these psychic poisons may be more malignant. They call for a most careful investigation of the environmental, emotional and neurotic factors. 1/

Many writers have contributed to this subject. Much of the thought, in the last analysis comes down to the parent-child relationship, and its

significance, especially in the early development of the infant.

Personality development can only take place in a situation and milieu where there is both security and frustration - where there is a simultaneous operation of the sameness of and security of repetitive responses and the lack of satisfaction and the insecurity that a differentiation of responses always demands.

To my mind it is quite probable in .... respect to learning .... that these two processes must be present as conflict processes if learning(narrowly conceived) or the ego and personality development are to take place at all. The struggle for differentiation for growth and development, for learning, is not the ascendancy of one of these processes over the other - not dependent upon the exclusion or repression of one, but rather upon the operating effective balance of both factors in continuing conflict.

The resultant effective compromise of these conflictive processes is the learning and is the emerged ego and is the personality.2/

Here we see that Dr. Gardner states that the child must grow up in an atmosphere where there is both security and frustration. Where the child's needs must be satisfied with love and warmth and yet where frustration must be present so that dissatisfaction will push the child onward. This becomes not only essential in the psychosexual development of the child but also in the ability to learn. The child thus has curiosity and the desire to push ahead and gain new knowledge. Yet he must be sure that he will be accepted even if his attempts fail this time.

If we look into the development of the infant we see that this is the way in which the child progresses. Arnold Gesell says that:

To rear a child in the psychological sense is to regulate the parent-child relationship in such a way that he has a maximum chance to grow up. Natural affection is not enough, it too frequently leads astray. There must be detachment as well as attachment. However, if the child represses his aggressive drives he may look upon the educational process as a competitive situation. English and Pearson state:

To grow up, to develop skills that later will make for vocational success, to be ambitious and work toward vocational fulfillment, is to utilize aggressive desires about which the child feels guilty. Therefore it is better to inhibit them. This is done by changing the ambitions and the skills needful to accomplish them into their opposite, i.e., into an apparent absence of ambition and an incapacity for accomplishment. More basically this requires that all activity be changed into its opposite - passivity.

Irene Josselyn also agrees with this saying that:

Children who have come to fear their aggressions in the prelatency period will fear the aggressiveness inherent in the learning process. Because learning cannot be absorbed passively they will be unable to learn.

Edith Weisskopf also agrees with this saying that if the person feels guilty about aggression and represses it an intellectual blocking may then result.

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Liss states that if the child accepts his sexual identity he will have little conflict in the learning process. 7/

Josselyn connects learning to a child's asking of questions regarding to sex and not receiving answers:

If the sexual curiosity is repressed before this expansion occurs, the desire to learn is also repressed. Learning in any area is then a forbidden pleasure. 8/

Barbara Kimbell found in her study of adolescent boys with learning difficulties that school failure is primarily due to a poor father-son relationship:

We never found a warm, close attachment to the father. The problem of whether or not to follow in the father's footsteps for a future career was a prominent one, with some boys resenting such expectations on the father's part, others being afraid to enter into any competitive situation with the father. 2/

Thus we see that school difficulties are related to the child's experiences. A child upon entering school during his latency period, should, if his relationships have been satisfying, have the ego development as described by Helen Ross.

The battle of conformity to the environment versus the child's own wishes has passed its initial stages and the drives have capitulated to a great degree. Exhibitionist tendencies have given way to modesty; messiness to cleanliness; uncontrolled aggression and cruelty to sympathy and a


8/ Josselyn, op. cit., P. 86.

feeling for one’s fellows; unbridled curiosity sublimated to investigative pursuits; greediness to cooperation and willingness to share. We can enumerate all the virtues we wish a child to attain. We cannot expect that they have all been achieved to their optimum strength, nor can we expect that lapses will not occur. According to the degree of satisfactions reached in the early years according to the adequacy of the superego, i.e., of the character training of the early years, is the child equipped with ego strength. This equipment varies widely as we know. As the ego gathers strength under the abeyance of the drives, the child becomes free to turn his attention to the larger world around him.  

Let us examine the types of maternal attitudes found in this study that have affected the child’s growth and inability to learn. Percival Symonds describes rejection as:

If a parent mentions his child in a spirit of criticism and dissatisfaction and emphasizes the child’s shortcomings and limitations then one may suspect that justly or unjustly the parent holds feelings of hate toward the child.  

A good description of the effects of such rejection upon a child is described by Edna Brower:

The rejection of a child in the home leads to poor adjustment at school, with its kindred problems - unsatisfactory work, quarrels with other children on the playground, noise and confusion in the classroom, no regard for authority, apparent suspicion of everyone, and resentment toward life in general. The child finds reading and the other tool subjects very difficult to master. He is not a success at home or at school; therefore, in his own mind at least, he is a failure and he must live accordingly.

These are "damaged" children, damaged by a lack of love during their early childhood, damaged because adults have failed

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to give them their basic rights to love, security, to a sense of belonging, and to acceptance for their own sakes. 12/

Another attitude found in this study is that of maternal over-protection. Agatha Bowley describes this attitude:

Some mothers try to cover up their feelings by an elaborate show of affection or showers of presents or quantities of goodies, but in such cases it is usually evident that the child is aware of his fundamental rejection. It is not the mother's apple tart that he craves for but his mother's love. ---- Some mothers show great and constant anxiety lest their child falls ill or has an accident, and appear over-maternal. To the discerning eye this is symptomatic of feelings of antagonism and hate, often unconscious and inarticulate. 13/

David Levy describes two main types of overprotection. One which is pure - that being where no undercurrents of rejection is present, and the other that of overprotection with rejection present also. He states that:

The most frequent clinical type of overprotection -- is found in the group in which the overprotection masks or is compensatory to a strong rejection. 14/

This was also found in the present study as will be shown in the next chapter. There are two subdivisions to this type - the first being maternal overprotection mixed with rejection in which evidence shows a predominance of overprotection, and the second being overprotection in


infancy followed by later rejection. Both of these were found in this study.

The other type of overprotection is that of maternal overprotection of a wanted child. This Dr. Levy calls "pure" overprotection. These are wanted children and often seductivity on the part of the mother plays an important role in the development of the child. Here too, there are two subdivisions - the first being indulgent maternal overprotection. The child will then be prone to act in an aggressive manner. The second is dominating maternal overprotection and the child in this sort of environment will conduct himself in a submissive manner.
CHAPTER III

Eight Cases of School Learning Problems
Terminated as Successful or Very Improved

This chapter deals with the eight cases that were seen at the Worcester Youth Guidance Center during the years 1950 through 1954. The children were referred because of school learning difficulties and after being in treatment for at least six months all of the cases were closed as successful or very improved.

In order to understand how the writer came to her judgments and categorized the maternal attitudes, a presentation of the cases will be given.

Case One

Male, nine years of age, oldest of two siblings, and in the fifth grade. In spite of average or above average intelligence "A" was failing in school and would not work. He was enuretic. "A" was unable to get along with other boys. He could not fight back and in fact seemed to invite the trouble he got into.

Mrs. "A" recently took a job and the paternal grandmother came to live with the family primarily so that Mrs. "A" could take the job. Mrs. "A" does not care for her mother-in-law and there is a great deal of friction between the two women.

Mr. "A" is a very immature person who feels extremely threatened by the boy and so constantly asserts his authority. He shows little interest in the things that interest "A" and deliberately devalues and often destroys things "A" makes. He is full of anger and hostility which he cannot express except through violent headaches and occasional explosions of temper. There is mutual dependence in the marital situation but on a very immature level.

Mrs. "A" finds it very hard to separate herself from "A" or to let him have feelings and wishes of his own. Because she always wanted to do what was expected of her she
expects him to feel the same way. When he does not, she is frustrated and angry and reacts like a little girl trying to get her own way. Aggression is so frightening to her that she has permitted none in him. She criticizes him a great deal.

Status: Maternal overprotection mixed with rejection.

Patients were seen weekly for fifteen months in which time they had 58 interviews.

In treatment mother brought out feelings toward her own mother and saw how she displaced them upon "A".

Type of treatment - psychological support and clarification, child - play therapy.

Case Two

Male, six years of age, middle of three siblings and in the first grade. "B" had just received a report card which noted him to be restless and inattentive. He was being promoted on trial. He did not obey the teacher and had poor hand work and poor concentration. "B" was also enuretic - no organic bases could be found.

Mr. and Mrs. "B" have been living on a marginal income until recently because of Mr. "B"'s inability to get work. Mrs. "B" treats and refers to her husband as "one of the kids" but suffers from her own dependent needs. Mr. "B" has little contact with "B".

Mrs. "B"'s relationship to her son is one of overprotection with warmth and affection shown. There is guilt in the relationship. She constantly fears for his safety. There is also seduction on her part which plays into the reality situation, because of lack of fuel both Mr. and Mrs. "B" have been sleeping with the children and invariably she sleeps with "B". Mrs. "B"'s lack of confidence evidences itself in her inability to carry out a consistent pattern of behavior with him.

Status: Maternal overprotection - Indulgent form.

Patients were seen weekly for six months in which time they had 19 interviews.

In treatment Mrs. "B" began to see why she had the desire to keep "B" a baby. At close of treatment was referred to
Family Service for her husband who had dependency conflicts. Frequency of urination only symptom remaining.

Type of treatment - clarification, child - play therapy.

Case Three

Male, eight years of age, middle of three siblings, and in the third grade. Doing poorly in school and unable to finish his work. Mrs. "C" said he had been unmanageable for the past two and a half years. He is aggressive, tantalizing, and makes dates with girls saying he wants to get married.

Mr. "C" is a pharmacist and is seldom home. There is a good deal of marital discord between Mr. and Mrs. "C" due to the fact that Mr. "C" spends what leisure time he has with various civic groups instead of with his family. There is also the problem of a discrepancy in parental control, with two parents never agreeing.

Mrs. "C" directly rejected "C" and now tries to love the boy and make up for the past but is only able to do this in a very seductive way, demanding all of the child's affections and causing him to be overdependent on her. The lack of discipline plus her feeling that she does not know what to do seem to add up to a very insecure position for the boy. Mrs. "C"'s own neurotic needs are so great that she seems unable at present to bring up the children in a mature manner.

Status: Maternal Overprotection mixed with rejection.

Patients seen weekly for seven months in which time they had 23 interviews. After this Mrs. "C" participated in the mothers' group weekly for another year and was seen individually 18 more times.

During this time she expressed the wish for further help. It was felt indicated and referral to a private psychiatrist was discussed. However, she decided against it.

Type of treatment: Psychological support, child - environmental manipulation and play therapy.
Case Four

Male, thirteen years of age, younger of two siblings, and in the eighth grade. Doing very poorly in school. Did not cooperate in the house and was sulky. Unwilling to be corrected by step-father and showed excessive affection toward mother. Onset of problems was seen to be 18 months prior to application and about six months after mother's marriage.

Step-father did not work for several months and took care of the house, doing the washing, cooking, etc., while mother worked. He seemed perfectly content in this role.

"D" was a wanted child and was always close to his mother. Original father, being an alcoholic, was out of the home most of the time. Mrs. "D" depended upon her son for company though she made excessive demands upon him. Mother has been seductive with him on the one hand and on the other she deprives him of masculine activities. The step father's willing submission to the "castration" also seems to increase "D"'s conflicts as he had no one to identify with.

Status: Maternal Overprotection - Dominating form.

Patients seen weekly for six months in which time they had 22 interviews. Mrs. "D" was helped to see her feelings towards her first husband were affecting her relationship towards "D" and husband. At close of treatment referred to Family Service Association for further work on marital situation.

Type of treatment: Clarification, child - play therapy.

Case Five

Male, eight years of age, middle of three siblings and in the third grade. The most important, crucial problems were in relation to school. Having initially refused to leave the home to start school, he was at the time of application in danger of failing at school and was a behavior problem there. He was also enuretic. Temper tantrums precipitated by almost any frustration. Parents have felt some vague and periodic concern about the high girlish pitch of "E"'s voice.
Mr. "E" feels himself to be a financial failure and that he cannot satisfy his family's economic needs. He gets moods of depression when the whole family can feel the strain. During these times, which are frequent, their relationship is that of cold politeness.

Mother has a need to keep "E" an infant for she fears him as a sexual object should he really grow up. She desires him to be quiet like a girl on the one hand, and on the other hand, her expectations are that he be ultra noisy, troublesome and wild, like she never was as a child. She identifies "E" with her worst traits.

Status: Maternal Overprotection mixed with rejection.

Patients seen weekly for 19 months in which time they had 56 interviews. Mrs. "E" was helped to see how her neurotic relationship with her mother was affecting her relationships with husband and son. Her identification of her own traits with "E" and her mother were recognized.

Type of treatment: Psychological support and clarification, child-play therapy.

Case Six

Female, nine years of age, oldest of three children and in the second grade. She is behind in school a year and a half and is now failing in her work. She also stutters severely. This started at age four. I.Q. test given and she is considered to be in normal range.

Father is described by mother as an easy-going, patient, home-loving man. Mother is quite anxious about her own inadequacies. She is compulsive in the home but has little interest in her own personal appearance. Maternal grandmother living in the home and the two women are constantly at odds.

Mother identifies herself with "F" in that when she was a child she had to compete with a twin sister who did better than she was able to do. She has feelings of guilt for having kept "F" a baby for so long. She is now rejecting of "F" because she is so slow and never encourages her to help in the home. She resents her babyishness as she feels that "F" makes demands on her in getting dressed and in being fed special food for breakfast.
Status: Maternal overprotection in infancy followed by later rejection.

Patients were seen weekly for three years, but the number of interviews are not recorded. Mother also participated for a few months in the group therapy mother's group weekly. Mrs. "E" helped to see how her feelings toward her twin sister, closely identified with her mother, were affecting her relationships and she has been able to see herself as an equal.

Type of treatment: Psychological support and clarification, child-play therapy.

Case Seven

Male, eight years of age, oldest of three siblings, and in the third grade. Difficulties in learning - teacher thinks he is lazy and will not cooperate. At two years of age started to gag when he ate and developed a dry nervous cough when he was punished. A chest x-ray proved negative. In the second grade he complained that he could not see, but again after examination doctor said his eyesight was perfect. Mother also feels that at times he is effeminate. At school there have been also complaints about exhibitionist behavior on his part.

In the first years of their marriage Mr. and Mrs. "G" fought a great deal. While she was pregnant with "G" she realized that she would have to give in to her husband in order to keep their marriage together. After seeing her mother and father quarrel and the results of it, she thought it would be worth while giving in.

However, she confesses she is "boiling over inside" and she knows she takes it out on "G". When they first came to the clinic she complained that she "could not stand" "G" while she felt she had no difficulty in this respect with "G"'s two younger brothers. She resented "G"'s wanting to sit near her or stroking her arm and was aware that she lost her temper quickly and without reason with him, in contrast to a more controlled behavior with her other two sons.

Status: Rejecting

Patients seen weekly for eight months. Number of
interviews are not recorded. Mother received awareness about how she had identified "G" with her own father toward whom she had much hostility. At close of treatment referred to Family Service Society because marital situation was not worked through.

Type of treatment: Clarification, child - play therapy.

Case Eight

Male, twelve years of age, oldest of two children, who was just excluded from school. Mother had applied for treatment when he was seven-and-a-half because of his difficulties in school and his inability to learn. However, she did not accept treatment. He was now described as hyperactive, disruptive in class, failing in his subjects, and having no friends. I.Q. test showed him to be of at least average intelligence.

Father is said to have been hospitalized a few years ago with a depression. He is now working again, but is "inclined to worry."

Mother at point of first intake was suffering from eczema of the hands, which she attributed to her nervousness. At that time she would over-indulge "H" and would go to school constantly to argue with the teachers about her son, condemning them and putting all the blame upon them. However, she revealed a great deal of pressure and expectation from the boy. In discussions with the social worker there were alternating over-indulgence and punitive approach.

Status: Maternal overprotection mixed with rejection.

"H" was seen in treatment for fifteen months. At first he was seen twice a week and then weekly. He had 69 interviews. Mother was seen only periodically and was able to permit "H" to take over more responsibilities and to lessen controls.

Type of treatment: Psychological support, child - play therapy and environmental manipulation.

Seven males and one female comprised the study. This seems to indicate that in learning problems it is the males who exceed the females
in this difficulty. However, it must also be noted that males exceed females in all types of clinical treatment.

The ages of the children ranged from six to thirteen years of age. There were two adolescents in the study. One of them, however, had originally applied when the boy was seven but the mother had refused treatment at that time. The original problem was the same - learning difficulties, and by the time she re-applied the problem had intensified to the degree that the child had been excluded from school. In this study the age of eight was predominant, with three of the children being of that age.

The size of the family varied from two to three children (see Table 1). It is interesting to note that there were no only children, nor did any family consist of more than three children. The family of three was predominant with five of the families consisting of this amount. In this study four of the children were the oldest, three of the children were middle children, and one child was the youngest child in the family constellation group. No trends can be derived from this.

All of the children had other problems beside school learning difficulties. Four children showed behavior problems. Three children were enuretic without organic bases and one child showed other somatic difficulties. Two children were considered to be effeminate by their parents, one child showed exhibitionist behavior and one child stuttered.

These problems were noted as far back as babyhood with only one case starting within the last two years. It is this writer's opinion that before getting into the school learning difficulty the parents tried to deny the problems in their children. However, they were unable to deny the
problems any longer when teachers and report cards verified the difficulties their children were having. An example of this is shown in one case where the child was not brought to the agency for help until he was eight years of age. The reason for coming was because the teacher felt he had a good mind but was not doing passing work. Upon talking with the mother it was found that she was concerned about her son since he was two years old. She describes him as being "nervous and high strung." At two years of age he started to gag when he ate, and developed a dry nervous cough when he was punished. A chest x-ray proved negative. He did not want to go to school and for the first three months would cry because he was afraid of being late, and when at school cried because he did not have time to finish his papers. In the second grade he complained that he could not see well but again after an examination the doctor said his eyesight was perfect. At time of intake he had headaches and stomach aches continually.

The marital relationship in seven out of the eight cases was not harmonious, with both parents receiving little emotional satisfaction. In one case the father had a definite detrimental affect upon the boy whereby he would destroy things his son had made and would devalue him. In seven instances the father took little or no interest in the child, spending hardly any time with the child. The writer feels this tends to confirm the interest some clinics are now beginning to show in the need for the involvement of the father in the treatment process. This also confirms Barbara Kimbell's finding in her study of adolescent boys that a lack of a warm close attachment prevailed between father and son as was discussed in chapter two. We can go one step further and say
that the father-child relationship also affects children in their latency period who have learning difficulties. This is seen, for example, in case A. Mr. A. had little contact with his son. He showed little interest in the things that interested the boy, and had the need to constantly assert his authority. In treatment it was found that the boy saw himself as an intelligent lad, but one who is weak. He could not compete with his father. He gradually began to see himself more as a man rather than as a weak person, and became more aggressive. He was thus able to do well in school and they made a special request that he be allowed to go to prep school the following year despite the fact that he had a poor report card the year before.

The maternal attitudes were found to fall into five groups as was described in the previous chapter. In six out of the eight cases, the attitude of the mother was predominantly negative rather than positive. Not only in the one case that was rejecting, (in Symonds' terms) \(^1\) but also the overprotection in five of the cases was mixed with feelings of rejection (in Levy's terms). \(^2\) One was overprotection in infancy followed by rejection and four were overprotection mixed with rejection. However, these feelings are not to be considered irremediable as will be shown in the analysis of the treatment situation. Two maternal attitudes were of the "pure" overprotective form - one being indulgent and the other


being dominating.

Table 1 gives the reader a picture, case by case, of some of the items discussed in this chapter.

Table 1. The Children in Relation to Chronological Age, Grade in School and Ordinal Position in Family, Plus the Maternal Attitude

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<th>Case</th>
<th>Age</th>
<th>Grade</th>
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<td>1</td>
<td>9</td>
<td>5</td>
<td>Oldest of two</td>
<td>Overprotection mixed with rejection</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>1</td>
<td>Middle of three</td>
<td>&quot;Pure&quot; overprotection - indulgent form</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>3</td>
<td>Middle of three</td>
<td>Overprotection mixed with rejection</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>8</td>
<td>Youngest of two</td>
<td>&quot;Pure&quot; overprotection - dominating form</td>
</tr>
<tr>
<td>5</td>
<td>8</td>
<td>3</td>
<td>Middle of three</td>
<td>Overprotection mixed with rejection</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>2</td>
<td>Oldest of three</td>
<td>Overprotection in infancy followed by rejection</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>3</td>
<td>Oldest of three</td>
<td>Rejection</td>
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<tr>
<td>8</td>
<td>12</td>
<td>*</td>
<td>Oldest of two</td>
<td>Overprotection mixed with rejection</td>
</tr>
</tbody>
</table>

*excluded from school
In analyzing the type of treatment the writer based the classifications on those set forth by Florence Hollis:

1. Modifying the environment - this is used only when the pressures of the environment are beyond the client's control or when it is likely to yield change in the client when done by the social worker.

2. Psychological Support - this is used in order to strengthen the ego. The techniques include acceptance and reassurance and a permissive attitude in order to alleviate anxiety and guilt feelings within the client. Attitudes which will enable the client to function more realistically are encouraged. This technique is often used in conjunction with the next two described. If the person has a very weak ego only the supportive method is used.

3. Clarification - aimed toward the understanding and change of attitude and behavior. It can range from simple intellectual understanding to one that is of a deeper comprehension of attitudes and feelings. However intellectual component is still high.

4. Insight - involves carrying this understanding to a deeper level. In this case person must have a good degree of ego-strength.

Treatment of the child can be categorized in two methods:

1. Modifying the Environment - as described above under number one of treatment classification.

2. Play Therapy - treatment as in insight therapy, utilized in conjunction with play.

In this sample two mothers did not have the ego strength to benefit from clarification and only the technique of psychological support could be used. For example, one was the mother of the boy who was excluded from school. She was not seen on a regular basis, but rather had periodic interviews and occasional telephone calls were made.

In three cases clarification was the technique primarily used and...
in three cases both psychological support plus clarification was used. Thus it can be said that six out of the eight mothers had enough ego strength to be able to attempt to understand their feelings toward their children. Treatment methods with the children consisted of play therapy in six cases, while play therapy and environmental manipulation was used in two cases. Improvement was noted in all the mothers' attitudes and in the children's adjustments. There seems to be no trend, shown in this study, toward any particular type of treatment method. This seems to indicate that the particular type of treatment is not important, but rather, that the type of treatment should be based upon individual diagnosis and study of the client and his personality.

Length of time in treatment ranged from six months to three years, and from nineteen interviews to sixty nine interviews. Four out of the eight cases were closed within one year of treatment. One case remained in treatment for three years. The average length of time was 13 months, and seven out of the eight cases were closed within two years. It is the agency's policy that in working with our clients we do not set up a certain period of time but rather that the length of treatment is based upon the individual, his problems, and his ability to accept and use treatment.

By the end of treatment all of the mothers had changed their attitudes toward their children. In three cases the mother had identified the child with negative feelings she had toward her own mother, in one case hostile feelings toward the father was projected on the child. In one case feelings toward the first husband interfered with the mother's relationship with her son and husband. In four cases it was shown that
feelings toward the mother's own parents influenced her reactions toward her own child. Because in two cases the exact causes of the attitudes were not known, the writer feels that four out of six may show a trend. Wickman and Langford state that they found in their work at Child Guidance clinics that:

From cases intensively studied and treated we have learned a good deal about parent's underlying conflicts of love and hate in familial relationships. Conflicts in feelings in early relationships are later reflected in the parent's relationship with the child. 

It should be noted that though the mother's attitudes had changed and the children had improved that in three cases the clients had been referred to Family Service at the close of treatment. Two of the three were for marital difficulties and one specifically for the father's problems.

CHAPTER IV

The Follow-Up Study

This chapter deals with the present adjustment of the eight children, as seen in the follow-up interview. The writer was interested in ascertaining whether success continues after leaving the treatment situation and some of the factors influencing the present adjustment of the child.

A short presentation of the important parts of the interview is given first so that the reader will have a context within which to understand how the present adjustment of the client was determined.

Case One

Follow-up visit made two years after closure of case. "A" is now twelve years of age, and is attending Junior High School. His grades have improved up to a G. Mrs. "A" stated that there has been a gradual improvement.

"A" has one very close friend. The two boys have many similar interests. Mother describes him as being a fine boy. It is her opinion that this has had a great effect upon "A" - before he had no friends at all, let alone a close friend.

"A" belongs to the church choir and attends rehearsal three times a week. He received a scholarship from the choir to take dancing lessons. Since joining this dancing group, he has been receiving 'phone calls from a few girls. Mrs. "A" is beginning to realize he is growing up. He associates with some boys from school and the clubs, but considers the boy mentioned above as his "best friend."

Mrs. "A" discontinued "A"'s attending the choir rehearsals for about a month. She said he had not been doing enough work. "A" now gets his homework done earlier, and has demanded to go to choir. Mrs. "A" thinks he has enough to do, and does not want him to join the Boy Scouts.

Mrs. "A" said that since coming to the clinic, she has
tried harder, and this has helped the situation. Her main worry is to try to keep him happy - when he is unhappy, it has its effects.

Case Two

Follow-up visit made five years after closure of case. "B" is now almost thirteen years of age. He is a freshman in St. John's School and is very proud of it. One has to receive an average of 85 to be admitted.

Mrs. "B" described "B" as having a soft heart, and when his younger sister is ill, he will spend all his free time with her. He does many duties around the house and can be trusted with money.

She said that she considers him a little too bold, though his friends do not. He belongs to the Boy Scouts, and to a basket-ball team. The frequency of urination, which was present when the case was closed, has diminished.

"B" has become closer to his father in the past few years. His father goes to basket-ball games with him, and will drive him and his friends from games and movies in the evening. He feels that this is a good indirect way of supervising him without his knowing it.

Mr. "B"'s father passed away during the interim period and left them a little money. They have built a home. Mrs. "B" took a part-time job and is much happier. She is getting out of the house and meeting people. She attends the P.T.A. meetings.

Case Three

Follow-up visit made five years after closure of case. "C" is now over fourteen years of age. He just about gets by in school - he does well in Math, but has failed in English.

"C" belongs to a fraternity, and also works on a community project. There is a lack of friends coming to the house - he meets them outside. He goes to dances, and has met and dated girls. He still attends synagogue, and is in the confirmation class.

Mrs. "C" said that he is too sensitive. One day she
found him crying, saying that he tries so hard and is a failure. She said that she thinks "he may be unhappy."

Marital discord still prevalent. Father was home when the writer visited. He asked if the writer would like him to stay. The writer answered that if he wanted, she would like him to. Mrs. "C" said that she would prefer speaking to the writer alone. When the writer left the house, Mr. "C" was sitting in the car listening to the radio. Mrs. "C" said that Mr. "C" does not understand her, and they do very little together. He was extremely depressed last September, and saw a psychiatrist once. The doctor said he would get in touch with him as soon as he had an opening, so he can come on a regular basis. Doctor never contacted him.

Case Four

Follow-up made two years after closure of case. "D" is now fifteen and one half years old. He is in his sophomore year in High School and things seem to have worked out very satisfactorily. Although he is not a "great" student, he is now doing well in school. He is in the middle range in school. He has many friends with two or three close friends. He goes out on dates, and has not limited his dates to only one girl. Belongs to the explorer scout group, a skiing club and the youth group at the church.

Stepfather and "D" are closer. They have gone skiing together a number of times and seem to have a more friendly relationship.

Mother still working. It gives her an outside interest and does not confine her to the home.

Case Five

Follow-up made four and a half years after closure of case. "E", thirteen years of age, is in the eighth grade now and doing very well. All his marks range in the middle and upper group of the class.

He has friends and belongs to the explorer group in the boy scouts in which he has just passed the first class. This
fall he joined a basketball team. He belongs to a fencing group which the minister of the church organized, which meets twice a week. He also participates in a youth fellowship group at church.

Mrs. "E" said that now they are good friends. She feels she had resentment towards him before, and now that he is an adolescent they have many more things in common.

Case Six

Follow-up visit made three and a half years after closure of case. "F" now fifteen years of age and is in junior high school (she had been left back before coming to the agency). She has been getting G's on her report card.

Stuttering has still been present, though not as severely noticeable. She is attending a speech class and is receiving help. "F" is also now taking singing lessons and will have a solo at a recital that will be given soon.

Mother and daughter are very close with daughter helping in the house. Mother said that daughter is her "shadow." During the Christmas rush mother works and is able to help in the family finances. She can trust daughter with the two younger boys.

"F" does not have too many friends. Feels the girls in school are too young. Mother agrees with her and goes on to say that the children in their neighborhood are not very nice.

Mother feels that she herself is able to handle her problems in a better manner now. Before she would "make mountains out of mole hills."

Case Seven

Follow-up visit made almost five years after closure of case. "G" is now fourteen years of age and in his first year of high school, his marks being in the eighties. In the seventh grade he was elected chief marshall, and in the eighth grade he was the student in charge of the mimeograph machine and was acting principal the one day when students took charge of running the school offices.

He has many friends, with two or three close friends.
He belongs to the Catholic Youth Organization and Hockey team. Parents did not give their permission to join the Boy's Club because it meets twice a week on schoolday nights. They feel it interferes with studying.

Father has become less strict and controlling. Mother feels that the television programs on bringing up children has helped father realize this. He also goes to hockey games with "G."

They have bought their own home. Mother feels that there is a different type of children in this neighborhood. These children are interested in doing well in school and joining clubs that are supervised properly.

Case Eight

Follow-up visit made over a year after closure of case. "H" is now fourteen and in Junior High School. He hasn't had any more difficulty in school. He is not considered a behavior problem anymore and is receiving mostly G's on his report card. He reads a lot and wants to be a bio-chemist.

He tends to stay in groups of people rather than with individuals. He is "going steady" - sees one particular girl whom he goes out with once a week and will take her to the dances that are scheduled by the club he belongs to. Mother said that the girl is nice and will be satisfied with just a movie and a soda. She doesn't demand the things most teen-age girls expect.

"H" belongs to the American Zionist Association and the Boy Scouts. He recently joined a neighborhood basketball team. Before his coordination was far too poor for him to participate in this type of sport. Mother was quite happy about this. He isn't clumsy anymore and his writing can now be deciphered.

"H" is not affectionate with mother as he used to be. He gets along with his father and will help in the house. Makes his own bed and will warm something up for supper when mother is late coming home from work.

Present Adjustment.-- The criteria set up in analyzing the present adjustment of the child are as follows:
1. Successful - one in which at the time of the follow-up visit the symptoms for which the patient was referred had disappeared completely with no recurrences or new symptoms, and the patient was making a good social adjustment.

2. Improved - one in which the problems had not disappeared completely but no new difficulties had appeared.

3. Unimproved - the same problems presented at the time of referral still existed, or new ones had appeared and there was no improvement. In general his social adjustment was considered to be unsatisfactory. 1/

In six out of the eight cases the original problems had disappeared and the child was making what can be considered a good social adjustment. In two of the cases the child had made some improvement. For example, case four did not have any friends or playmates upon coming to the agency, but he now seems to be making a fairly good social adjustment, however he is still doing poorly in school. Case six, on the other hand, is doing satisfactorily in school and has one interest outside of the home, namely singing. However she still stutters and does not have friends. Thus all of the cases in this study have improved and six out of the eight have made a successful adjustment. None of the cases can be considered as unimproved.

The number of years since the closure of the case and the follow-up interview ranged from over one year to five years. This does not seem to show any trends in reference to the case being improved or successful at the present time. The ages of the children, at the time of the follow-up ranged from twelve to fifteen.

1/ Anne Miller, A Study of Fifty Patients at the W.Y.G.C. in Relation to Outcome of Treatment and their Later Adjustment, unpublished master's thesis, Simmons College Library, 1939, p. 2.
During the interim period three boys out of the six successfully adjusted children became closer to their fathers. The other three were able to get along with their fathers better but lacked the doing things and going places together. Of the two cases that had improved, one of the fathers worked nights and had little time to spend with his daughter, and the other father spent little time with his son.

The mother's attitude toward the six cases that were making a successful adjustment were seen to be positive though in two cases there was seen to be a slight conflict in the dependency-independency struggle as will be explained in the next paragraph. In the two cases that showed improvement but has not attained success one relationship was seen to be of an overprotective dependency nature and in the other the marital conflict had heightened. Thus in the two cases that showed improvement the family relationships were poor.

All of the children, with the exception of one, were doing satisfactory work in school. None of the children was considered to be a behavior problem in school. Seven out of the eight children had friends, belonged to clubs, and participated in recreational sport activities.

The emancipation process is one which all adolescents go through. In this study seven out of the eight had begun the struggle. The writer set up the following criteria in determining the present emancipation status of the child:

1. Progressive - Parents and child cooperating together in an attempt to work through the emancipation process.
2. Growing - Child pursuing fight for more independence,
often against parent's wishes.

3. Static - Child and parent content in relationship as is, with little effort on either part to help in the emancipation process.

In this study five of the children were seen to be making progress, two were seen to be growing, and one was seen to be making little progress. The one child that was making little progress was of the improved adjustment status, but an overprotective pattern of relationship could still be seen. In the two cases of the successfully adjusted children where the parents were not giving their full cooperation it did not seem to affect their total adjustment.

The emotional tone of the family was analyzed while making the follow-up visit. The total family atmosphere was taken into account including relationship between husband and wife. The following criteria were set up:


2. Understanding - Atmosphere of basically good will, but the true deep feelings lacking.

3. Conflicting - Atmosphere of lack of affection and discord prevailing.

In the eight cases one was seen to be that of a harmonious feeling tone, six were seen to be that of an understanding feeling tone prevailing in the family and one was seen to be in conflict. Though only one was considered to be in harmony seven out of the eight can be considered as having a positive feeling tone conducive to healthy growth.

In two of the six successfully adjusted cases the family was financially better situated than they were before. None of the families had
a lower financial status than before. In all of the cases mother's attitude toward the agency was very positive and no distinction can be made in relation to the present adjustment of the individuals of this study and their attitudes toward the agency:

The following table gives the reader a picture case by case of some of the factors discussed in this chapter.

Table 2. The Children as Seen in Their Overall present adjustment, Emancipation Process, Emotional Tone in the Family, and the Number of Years Since Seen in Treatment

<table>
<thead>
<tr>
<th>Case</th>
<th>Status</th>
<th>Emancipation</th>
<th>Emotional Tone</th>
<th>Number of years since Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>1.</td>
<td>Successful</td>
<td>Growing</td>
<td>Understanding</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Successful</td>
<td>Progressive</td>
<td>Harmonious</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Improved</td>
<td>Progressive</td>
<td>Conflict</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Successful</td>
<td>Progressive</td>
<td>Understanding</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Successful</td>
<td>Progressive</td>
<td>Understanding</td>
<td>4.5</td>
</tr>
<tr>
<td>6.</td>
<td>Improved</td>
<td>Insignificant</td>
<td>Understanding</td>
<td>3.5</td>
</tr>
<tr>
<td>7.</td>
<td>Successful</td>
<td>Growing</td>
<td>Understanding</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>Successful</td>
<td>Progressive</td>
<td>Understanding</td>
<td>1.25</td>
</tr>
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</table>
CHAPTER V

Summary and Conclusions

This study consisted of eight cases referred to the Worcester Youth Guidance Center because of school learning difficulties. All of the cases were treated and closed as successful during the years 1950 through 1954. Selection of the cases was limited to the criteria of - absence of physical handicaps, average or above average intelligence quotient, two parents present in the household, and patients seen for at least six months.

The purpose of this study was to examine some of the causes of school failure and to evaluate the effectiveness of treatment. This was done by analyzing the case records and also making a follow-up visit to evaluate the present adjustment of the child and to determine the affect treatment has upon this adjustment.

The questions in regard to the case material were:

1. What are the maternal attitudes towards these children?
2. What are the paternal relationships with these children?

The maternal attitudes found in this study fell into five groups, namely: rejection, rejection mixed with overprotection, overprotection in childhood followed by rejection, indulgent overprotection, and dominating overprotection. In six of the eight cases the attitudes were negatively oriented. In one case the attitude was one of rejection, four had attitudes of rejection mixed with overprotection, one mother's attitude was that of overprotection in childhood followed by rejection, one case was seen to be that of indulgent overprotection and one was dominating overprotection. This study would then tend to agree with David...
Levy's finding that most cases are that of rejection mixed with overprotection.

In this study all of the children had other problems beside that of the school learning difficulties. These problems were noted by the parents before coming to the agency. It is only when the school difficulties were recognized that they were able to accept the help. This seems to indicate that the child's problems originated before he enters the school situation. Poor school achievement was only one of the problems; their total life experience was severely affecting this problem.

The writer feels that it is important for teachers to become aware, as soon as possible, of children whose parental relationships have been disturbed. These children are not ready to enter into group participation. Though education and social work are two different professional disciplines their aims are that of giving service to individuals, groups, and society. Their methods and techniques differ. Though they are two separate and different disciplines each can contribute to the effectiveness of the other's functioning and in turn bring about a healthier adjustment of the individual to society.

In this study the relationship between father and child were seen to be either one of distance, lacking in warmth and understanding, or of a negative disruptive influence. This would seem to show the need for the father's becoming involved in the treatment process also. A child is in need of a mother and a father. This would also tend to agree with Barbara Kimbell's finding that the relationship of adolescent boys showing school learning problems is a very poor one with their fathers.

Treatment was effective in all of the eight cases and mother's at-
titudes did change. When this change became effective the child was able to work out his problems. This would seem to show that the mother must be willing to help in the process by looking at herself and examining what in her has influenced the behavior in the child, in order for effective change to occur. Because in these eight cases mother's attitude did change treatment was able to be successful.

In spite of the differences in length of treatment, type of treatment and number of interviews, all of the eight cases were terminated as successful or very improved. This seemed to indicate that treatment should primarily be based upon individual diagnoses. Also there did not seem to be any indications of ordinal position in the family, exact age of the child, size of the family, and economic status of the family as influential in the cause of school learning difficulties.

In the follow-up study the writer was interested in the following questions:

1. What is the present adjustment of the child?
2. What are some of the factors responsible for this adjustment?

In this study all of the children can be considered to have improved. Six children can be considered to have made a successful adjustment and two can be considered to have made an improved adjustment.

In the two cases of children that can be considered to have improved there are indications in one that the marital conflict of the parents had increased, and in the other that the mother's attitude had not changed sufficiently to diminish the overprotective pattern enough to help the child emancipate from the home to the degree of finding friends of her own.
At termination of treatment of these two cases one was considered by the therapist as successful on the part of the child but the mother was seen by the caseworker for a year after the boy was terminated. The other was the case seen for three years and closed as "much improved."

There is some evidence that a better economic status and a more wholesome father-child relationship - where father and child are closer, are associated with the successful adjustment of the child. In three out of the six successfully adjusted children their fathers were closer to them and enjoyed activities together. The other three successfully adjusted children got along in a more positive manner with their fathers. In two of the successfully adjusted cases the family was economically better situated. In none of these cases was the family doing worse than when they first came to the agency.

Seven out of the eight cases had begun the emancipation process. Five out of the seven were receiving cooperation and understanding from their parents. In two cases the parents were ambivalent about this important aspect of the adolescent's fight for independence. This did not seem to have a detrimental affect upon the children.

Only in one case was there an emotional tone of conflict prevailing in the family at the time of the follow-up. Six were seen to be understanding and one was seen to be that of a harmonious feeling tone. The feeling tone of the family is essential in the help and understanding that a child needs in growing up. When the mothers first applied to the agency marital conflict and distance between father and child prevailed.

In the follow-up interview a change could be noted in the family's feelings
toward each other.

Thus we see that success of the child's adjustment in this study can be related to the continuance of the change in mother's attitude. More studies in this area seem indicated. This study also seems to indicate the need for father's participation and active role in family life, and the need for more research in this area also.

There are three major findings in this study. One is that the problem of school learning difficulties originated and was to some extent caused by the past life experiences and conflicts within the child before he ever entered school. Another important finding is that the attitudes of mothers who have children with school learning difficulties are primarily of a rejective nature. This agrees with David Levy's finding that most cases are of rejection mixed with overprotection. The third major finding is that paternal relationships do have an effect upon the growth and health of a young child. There seems to be a need for more studies in this area and also a need that is just being realized in clinics, that is, for more involvement of fathers in treatment.

Parental attitudes can be changed and casework treatment is beneficial as was seen in eight children who were making a poor adjustment when they came to the Worcester Youth Guidance Center and are making a satisfactory adjustment at the present time.

Accepted:
David Landy
Research Advisor
BIBLIOGRAPHY


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APPENDIX
APPENDIX A

To whom it may concern:

This is to introduce Miss Hilda Goldberg, who is a social worker at the Youth Guidance Center. She is interviewing former clients of the Center in order to evaluate and help us improve our services.

Will you kindly give her your full cooperation.

Sincerely yours,

Joseph Weinreb, M.D.
Director.

TL: sr
APPENDIX B

Schedule for Case Records

1. Identifying data
   a. age
   b. other siblings in family
   c. grade in school
   d. intelligence quotient

2. Problems at referral

3. Home situation
   a. marital status
   b. socio-economic status

4. Parent child relationship

5. Treatment
   a. length of treatment
   b. number of interviews
   c. type of treatment
   d. evaluation of treatment
APPENDIX C

Schedule for follow-up interview

1. Identifying data
   a. age
   b. addition or decease of members in family
   c. grade in school

2. Present home situation
   a. parent-child relationship
   b. marital status
   c. socio-economic status
   d. emotional tone

3. Present adjustment of patient
   a. school adjustment
   b. social relationships
   c. emancipation process

4. Attitude toward agency